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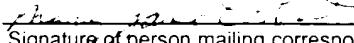
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I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

MaryJane DiPalma

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50026/008001
Applicant	YOSHIYUKI NAGAI, TATSUO SHIODA, and CHIKAYA MORIYA
Title	RECOMBINANT SENDAI VIRUS VECTOR EXPRESSING CHEMOKINE

PRIORITY INFORMATION:

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	14 pages
Claims	2 pages
Abstract	1 page
Drawing	4 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] pages
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	[**] pages

Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1

FILING FEES:

Basic Filing Fee: \$395	\$395.00
Excess Claims Fee: 13 - 20 x \$11	\$0.00
Excess Independent Claims Fee: 7 - 3 x \$41	\$164.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$559.00

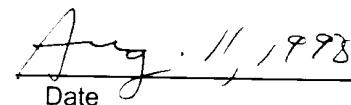
Enclosed is a check for \$559.00 to cover the total fees.
 Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
 The filing fee is not being paid at this time.
 Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

CORRESPONDENCE ADDRESS:

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 Clark & Elbing LLP
 176 Federal Street
 Boston, MA 02110

Telephone: 617-428-0200
 Facsimile: 617-428-7045

Signature


 Date